

## RECEIVED

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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## MAINE ETHICS COMMISSION

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

Please check if this is an update to a p	previously filed statement for	the calendar year 2007.	
	LEGISLATOR INFORMA	TION	
Name Mi Chael (Mailing address	Larey	Member of:	☐ Senate
Mailing address 87 SQ (4) City, zip code	less ACF	District District	72
City, zip code Lewiston, /	nt 04.	240 Phone 344	4-3017
PART 1. INCOM	ME DERIVED FROM EMPLO	YMENT BY ANOTHER	
List the name and address of each emplo principal type of economic activity of each e	yer from whom you received mployer.	d compensation of \$1,000 or	more. Specify th
Name of Employer	Address	Principal Activit	ype of Economic y of Employer
Landmark Rom	PO BCX Lewister		
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			derform til det film til state s
PART 2. INC.	OME DERIVED FROM SELF Legislators who are self-emp	EMPLOYMENT	Trunch and the scarce and se which has been a true to the state
A. List the name and address of your busi erived income. If associated with a partner reas of economic activity of that entity.	none if	A STATE OF THE ASSESSMENT OF A STATE OF THE	from which you ity, list the major
Name and Address of Business Entity	Major Areas of Eco	) (partnership, a	as of Economic ctivity ssociation or similar ess entity)
me: dress:			Continues of the same of the s
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PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYMENT
B. List each source of income derived from self-employment that r is greater, and specify the principal type of economic activity of the	o are self-employed.) epresents more than 10% of your gross income or \$1,000, whichever entity or person from whom you derived such income. If this form of essional ethics, specify only the principal type of economic activity of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name: Address:	
PART 3. MAJOR A	REAS OF PRACTICE re attorneys-at-law only.)
List your major areas of practice. If associated with a law firm, list t	he major areas of practice of your firm.
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)
Name: Address:	
Name: Address:	
	DURCES OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1, 2	SELECTION THE SELECTION OF THE PROPERTY OF THE SELECTION
☐ None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Address:	
Name: Address:	Additional Control of
PART 5. REPORT	ABLE LIABILITIES
areas of economic activity of each creditor. Do not list loans from a	ore that you received during the reporting period, and list the major relative. If none, check the box
None	Principal Type of Economic
Name and Address of Creditor	Activity of Creditor
Name:	700-mm cm and an
Address:	
Name:	Fairn
Address:	
List the specific source of each gift of more than \$300. Include gifts none, check the box	RTABLE GIFTS.  with an aggregate value of more than \$300 from a single source. If
None	
Name of Source of Gift 1.	Name of Source of Gift  3.
2.	4.

List the source of	or er iso		· Marie and the state of the st
List the source of any honoraria accepted for appearances or speeche	s relate	d to vo	ARIA
None	Charles Indiana		or onicial duties. If none, check the box.
Name of Source of Honoraria	enclosine i de aplicati basera se i esse	بريسيون ويوسي	Name of Source of Honoraria
1.	etindria evateia	والراء والمنطقة فتناسب	Activities of Source of Financial Control of Fig. 1997 and Control of F
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PART 8. REPRESENTATION BI	FORE	STA	IÉ AGENCIES
List each executive branch agency before which you represented or a the box.	ssisted	others	for compensation of any amount. If none, che
None		and the same of th	
Name of Agency	an.		Name of Agency
1.	Action to the Section of the Section		and the second s
2.	· ·	-www.	
4.			
PART 9. BUSINESS WITH	STATE	AGE	NCIES
ist each executive branch agency to which you or a member of your important the reporting period. If none, check the box.	mediate	family	sold goods or services with a value in excess
None	TO SUMMER THE PARTY OF THE PART	Western Statistics	
Name of Agency	The same of the same of	ne and the industrial of	
3.	The second second	and the same of the same of	Name of Agency
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PART 10. INCOME RECEIVED BY MEME	SERS (	)ElM	MEDIATE FRANCES
st the type of economic activity representing each source of income of en) during the reporting period and the kind of income represented. Do	\$1,000	or moi	re received by your spouse or dependent at it.
en) during the reporting period and the kind of income represented. Do "for income received by dependents."	not incl	ıde gift	s. Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Received		ircle	
		opriate tter	Kind of Income
	S	D	
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egislator who willfully fails to file a required statement is subject to .R.S.A. § 1017-A)	a fine	of \$10	) per husings day will li
intentional structures			the report is filed.
intentional filing of a false statement is a Class E crime. If the Con illy filed a false statement, it shall refer its findings of fact to the Attorn	nmissio	n cond	cludes that it appears that a Legislator has
Commission determines that a Lamistate Lamistate	- , - o.		•
Commission determines that a Legislator has willfully failed to file a regislator shall be presumed to have a conflict of interest on ever tion in committee or in either branch of the Legislature, and shall	equired y ques	l state tion ar	ment or has willfully filed a false statement,
tion in committee or in either branch of the Legislature, and shall	not atte	empt t	o influence the outcome of any question.
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Please provide information you	any additional are providing.	information	below (	and on	additional	sheets	if needed).	Indicate	the part	or section	on number	for the
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